

Stakeholder Group	Stakeholder Recommendation
<b>Benefits and Challenges of Local Control</b>	
California Association of Social Rehabilitation Agencies	<i>Ensure local accountability with an outcomes orientation.</i>
<b>Concerns Regarding State Level Mental Health</b>	
<b>Functions</b>	
California Association of Social Rehabilitation Agencies	<i>State Patient Rights function must be maintained to provide oversight, training and evaluation of patient rights and involuntary treatment.</i>
California Association of Social Rehabilitation Agencies	<i>Preservation of DMH programmatic certification of mental health residential treatment programs; transfer licensure of these programs from DSS to DMH.</i>
California Mental Health Directors Association	<i>MHSA-PEI statewide projects should be administered by CalMHSA.</i>
California Mental Health Directors Association	<i>Statewide WET projects should be administered by CalMHSA. Development of a new 5-year statewide WET plan in conjunction with the Planning Council should begin soon.</i>
California Mental Health Directors Association	<i>DHCS should license and certify or oversee county mental health plans' certification of all types of facilities and specialty mental health providers serving individuals with mental health and substance use disorders including those currently licensed by DSS and DPH.</i>
California Mental Health Directors Association	<i>CalMHSA should administer the SAMHSA and PATH grant programs, potentially contracting with CIMH to perform some administrative functions.</i>
California Mental Health Directors Association	<i>Establish a state level administrative body that develops the annual state-county performance contract, establishes, collects, analyzes, and publishes performance measures and quality indicators for all community mental health programs and funding streamcs; supports counties in data collection and analysis, facilities county quality improvement efforts and ensures technology at state level is effective.</i>
California Mental Health Directors Association	<i>Better utilize existing oversight bodies. Assess the functions of the Mental Health Planning Council and MHSOAC to identify potential areas for consolidation.</i>
California Mental Health Directors Association	<i>Department of Finance and State Controllers Office should be "the state" responsible for distributing MHSA funds to counties based on a formula determined in consultation with CMHDA (as codified by AB 100).</i>

Stakeholder Group	Stakeholder Recommendation
California Mental Health Directors Association	<i>Integrate evaluation efforts currently conducted by the Planning Council and MHSOAC.</i>
California Mental Health Planning Council	<i>Single State agency to administer:</i> <ul style="list-style-type: none"> <li>• <i>Licensing and certification</i></li> <li>• <i>Performance outcome benchmarks</i></li> <li>• <i>Regulations</i></li> <li>• <i>Office of Multicultural Services</i></li> <li>• <i>Office of Consumer Affairs</i></li> <li>• <i>Issue Resolution</i></li> <li>• <i>Federal grants</i></li> <li>• <i>Appointments to CMHPC</i></li> <li>• <i>LPS Act</i></li> </ul>
California Resource Centers	<i>Transfer the Caregiver Resource Center system to DHCS Long-Term Care Division.</i>
Mental Health Association in California	<i>Consolidate the funding for technical assistance and client and family organizations under the MHSOAC.</i>
Mental Health Association in California	<i>Require [the Department] to have clear procedures and regular reviews in partnership with MHSOAC to ensure county plans and expenditures are in compliance with all applicable requirements.</i>
Mental Health Association in California	<i>Place all licensing and certification requirements for community care facilities to serve children with emotional disturbances and adults with severe mental illnesses within the Division of Mental Health and eliminate oversight by DSS.</i>

Stakeholder Group	Stakeholder Recommendation
Mental Health Services Oversight and Accountability Commission	<p><i>MHSOAC should maintain ongoing statutory oversight and accountability responsibilities:</i></p> <ul style="list-style-type: none"> <li>• <i>MHSA Expenditures: analysis of county fiscal reports, tracking component allocations, monitoring prudent reserve and fund reversion, and analyzing information on the condition of the Mental Health Services Fund</i></li> <li>• <i>Determining the funding amounts available for services, also known as component allocations</i></li> <li>• <i>Evaluation: oversee, review and evaluation the use of MHSA funds</i></li> <li>• <i>Technical assistance: participate in joint state-county decision making process for training, technical assistance, and regulatory resources</i></li> <li>• <i>Stigma reduction: develop strategies to overcome stigma associated with mental illness</i></li> <li>• <i>Reducing disparities</i></li> <li>• <i>County performance: providing input to the annual county mental health performance contracts as well as overseeing the monitoring of the contracts</i></li> <li>• <i>Ensure participation of consumers and family members</i></li> </ul>
Racial and Ethnic Mental Health Disparities Coalition	<i>DMH should continue to be involved in developing standards for what constitutes an acceptable Community Stakeholder Process and complete the Issue Resolution process.</i>
United Advocates for Children and Families	<i>Evaluation of outcomes should remain one of the highest priorities under the reorganization.</i>
<b>Integration</b>	
California Mental Health Planning Council	<i>Do not relocate mental health services to DHCS.</i>
California Mental Health Planning Council	<i>New single state agency should be California Substance Abuse and Mental Health Services Administration (CalSAMHSA)</i>
University of California, Los Angeles	<i>Bring consultants to California who have been involved with the consolidation of SUD and MH services and the merger of these services into larger health care agencies in other states.</i>
California Coalition for Mental Health	<i>Integrate mental health, substance abuse disorder, and healthcare services.</i>
California Mental Health Directors Association	<i>Shift responsibility for state-level administration of non-Medi-Cal community mental health services to DHCS.</i>
California Mental Health Directors Association	<i>DHCS should administer both mental health and substance use programs.</i>

Stakeholder Group	Stakeholder Recommendation
California Mental Health Directors Association	<i>DHCS should oversee and perform licensing and certification of community based mental health treatment settings and specialty mental health providers.</i>
Mental Health Association in California	<i>Develop a new department, the Department of Health, Mental Health, and Alcohol and Drug Services.</i>
Mental Health Association in California	<i>Establish requirements for health plans to ensure that primary care providers evaluate all patients regularly for potential mental health and substance use disorders, offer evaluation and initial treatment on site and have relationships with mental health providers who can provide for moderate and intensive mental health outpatient and rehabilitative services.</i>
NAMI CA	<i>Use this reorganization to integrate Medi-Cal, non-Medi-Cal, and MHSA services to prioritize assistance to all Californians based on their severity of need by establishing a Department of Mental Health and Drug and Alcohol Services.</i>
United Advocates for Children and Families	<i>Integrate mental illness and substance abuse disorders as part of reorganization.</i>
University of California, Los Angeles	<i>Consolidate and merge Alcohol and Drug and DMH functions (with the possible exception of prevention services) into DHCS.</i>
<b>Leadership</b>	
California Association of Social Rehabilitation Agencies	<i>Establish state level executive leadership for community mental health emphasizing program evaluation and quality improvement.</i>
California Mental Health Directors Association	<i>DHCS Deputy Director for Behavioral Health or DHCS Chief for Specialty Mental Health should serve on (or make appointments to) state and national boards and commissions where mental health representation is necessary or desired. DHCS leadership should also be active on SMASH task forces and the National Association of State Mental Health Program Directors. DHCS leadership should also coordinate with other state agencies and departments on crossover issues, particularly coordination of veterans' mental health.</i>
California Mental Health Directors Association	<i>DHCS should play the role DMH currently plays in implementation of the Lanterman-Petris-Short (LPS) Act.</i>
Mental Health Association in California	<i>Create a Chief Deputy of Mental Health and Alcohol and Drug with separate deputy directors for mental health and alcohol and drug services.</i>

Stakeholder Group	Stakeholder Recommendation
Mental Health Association in California	<i>Establish a new office in the Secretary of Health and Human Services addressing the consequences of untreated mental health and substance use disorders on education, health, criminal justices, welfare, and productivity in the workplace and developing strategies for overcoming these barriers.</i>
NAMI CA	<i>Establish a senior policy advisor at the highest level of the Health and Human Services Agency to coordinate Medi-Cal and non-Medi-Cal services and programs.</i>
United Advocates for Children and Families	<i>Mental health care must remain one of the state's highest priorities; place someone at the highest senior policy level that understands mental health policy, law, and regulations.</i>
University of California, Los Angeles	<i>Create a Division of Mental health and Substance Use Disorders (DMHSUDS) within DHCS, led by a Chief Deputy Director with expertise in both areas.</i>
University of California, Los Angeles	<i>Establish two Deputy Director positions within the DMHSUDS, one for MH and one for SUD services.</i>
University of California, Los Angeles	<i>DHCS must have a fully adequate cadre of ADP and DMH staff.</i>
<b>Process Improvements</b>	
California Mental Health Directors Association	<i>Reevaluate and consider withdrawing currently proposed regulations for Innovation, PEI, Capital Facilities, and IT MHSA components.</i>
California Mental Health Directors Association	<i>Remove barriers to MHSA Housing - provide an option for counties to continue to use the current DMH/CalHFA program for their assigned Housing Program funding or to withdraw their unused but assigned funds for use by the county for housing consistent with the MHSA. Provide flexibility for small counties. Remove current state-imposed cap on housing operating subsidies and allow counties to determine the amount of their Housing Program funds dedicated to operating subsidies and capital costs.</i>
California Mental Health Directors Association	<i>Streamline compliance and auditing.</i>
Mental Health Association in California	<i>Establish adequate data collection and reports including comparative reports from each county and provider of care on the costs per client, allocations of all funds among types of services, etc.</i>
Mental Health Association in California	<i>Clarify in statute that the OAC shall approve regulations for the Act.</i>

Stakeholder Group	Stakeholder Recommendation
Mental Health Association in California	<i>Support the allocation of MHSA funds by statutory formula to counties directly from the controller provided that the MHSAOC shall have the authority to require that a portion of funds be earmarked for statewide programs.</i>
University of California, Los Angeles	<i>Establish an "action work group" for analysis and implementation of recommendations coming from the DHCS ongoing stakeholder process convened under AB 106.</i>
<b>Importance of Cultural Competence Leadership</b>	
California Mental Health Directors Association	<i>Continue state's ongoing commitment to ensuring cultural competence and reducing disparities. DHCS could play this role.</i>
MHSA Partners Forum	<i>Leadership and function of the Office of Multicultural Services should remain intact. Chief - who reports directly to the Department Director - must be retained as well as adequate staffing levels to carry out the duties necessary to reduce mental health disparities.</i>
NAMI CA	<i>Ensure that a full array of services and supports are available, accessible, and culturally and linguistically appropriate throughout the state.</i>
Racial and Ethnic Mental Health Disparities Coalition	<i>Retain, at minimum, same positions with same staff [within OMS] occupying those positions.</i>
Racial and Ethnic Mental Health Disparities Coalition	<i>Keep the Office of Multicultural Services in tact including retaining the Chief's position that reports directly to a department or agency director.</i>
Racial and Ethnic Mental Health Disparities Coalition	<i>Office of Multicultural Services should retain oversight of the California Reducing Disparities Project and the Cultural Competence Plan Requirements Reports.</i>
California Association of Social Rehabilitation Agencies	<i>Efforts to reduce disparities among underserved populations and continuing focus on wellness, recovery and resilience are priorities.</i>
<b>Integrity of the MHSA</b>	
California Mental Health Directors Association	<i>Maintain prudent reserve and PEI policies.</i>
California Mental Health Directors Association	<i>Streamline Innovation Component - counties expend 5% of their CSS System of Care (80%) and PEI (20%) funds on Innovation, rather than treat Innovation as a separate state MHSA set aside and allocation.</i>

Stakeholder Group	Stakeholder Recommendation
California Mental Health Directors Association	<i>Incorporate language into the county performance contracts that requires compliance with the existing statute for county development of MHSA Three-Year Plan and annual update.</i>
California Mental Health Directors Association	<i>Incorporate language into county performance contract that requires compliance with existing statute for county submission of the MHSA Three-Year Plan and annual update.</i>
California Mental Health Planning Council	<i>Essential five core elements of effective mental health services - cultural competence, wellness/recovery, consumer/family driven, integrated service experience, and community collaboration must remain a focus at the state level.</i>
Mental Health Association in California	<i>Ensure the governance structure continues to support the recovery and resilience oriented and client and family centered models set forth in the MHSA and the Children's and Adults and Older Adults Systems of Care.</i>
Racial and Ethnic Mental Health Disparities Coalition	<i>Meaningful oversight needs to be specified to ensure that counties utilize MHSA funds in accordance with the Act.</i>
<b>Role of Mental Health Consumers and Their Families</b>	
California Mental Health Directors Association	<i>Continue state's ongoing commitment to ensuring that support for mental health consumers and their families remains a strong focus. DHCS could play this role.</i>
California Mental Health Planning Council	<i>Meaningful stakeholder participation must be ensured and protected.</i>
Mental Health Association in California	<i>Re-establish a process of ensuring that there is a qualitative process of seeking meaningful stakeholder participation in major policy decisions.</i>
<b>Other</b>	
NAMI CA	<i>Conduct a comprehensive review of advantages and disadvantages of establishing a new Department of State Hospitals under HHSA or retaining the responsibility for the state hospital system within the domain of a new community-based mental health care department.</i>